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ABSTRACT

The Center for the Study and Teaching of At-Risk Students (C-STARS) is a demonstration and validation program which addresses the needs of at-risk children. This model is school referenced, yet designed to enhance the ability of educators to take into account non-school factors which impinge on their ability to provide adequate educational experiences for children who are at-risk. The model entails four interfacing components: (1) steering and development of case management; (2) generic case management functions including accessing and assessing students, advocacy, developing a service plan, brokering services, implementing a service plan, mentoring, and evaluation and tracking; (3) special implementation considerations which pertain to program quality, equity and comprehensiveness; and (4) a university interdisciplinary team that provides technical assistance, training and other support. Training workshops assist steering groups to plan for interprofessional case management and prepare newly formed school-site teams to develop the basic functions of case management and to develop specialized competencies. Good case evaluation is the basic unit of good program evaluation. The Self-Analysis Checklist, the Monthly Student Progress Update, the Individual Service Plan/Checklist, and Targeted Student's Record are four evaluation instruments used in the evaluation. Other evaluation activities include team member and consumer (student, family) opinionnaires regarding services provided. (Three unique site-specific applications of the model are described.) (BHK)

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IMPLEMENTING THE C-STARS INTERPROFESSIONAL CASE MANAGEMENT MODEL FOR AT-RISK CHILDREN[1]

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Abstract

Many of the most pressing educational issues of our times pertain to a substantial segment of students who are at-risk of receiving an inadequate education and possibly, becoming dysfunctional members of our society. The "Upgrading" of educational standards and programming alone has failed to improve the situation and, according to some educators, has exacerbated it. Considerable interest has been aroused in the use of Interprofessional team approaches in order to address the problems of at-risk students on a broader scale.

This article describes the development and implementation of an Interprofessional case management model which is school referenced, yet designed to enhance the ability of educators to take into account non-school factors which impinge on their ability to provide adequate educational experiences for students who are at-risk. Five unique site-specific applications of the model are also described. Recommendations for more widespread use of Interprofessional case management approaches in education are offered.

IMPLEMENTATION OF THE C-STARS INTERPROFESSIONAL CASE MANAGEMENT MODEL FOR AT-RISK CHILDREN

Introduction

Our nation has entered a new stage of world class economic competition for which we are ill-prepared. While our focus of concern has been on the discrepancies between the brightest, most highly achieving products of our public education system and those of other nations, a far more significant indicator of our educational shortcomings is at the other end of the continuum--the 4,000,000 youngsters per year who do not complete a basic education. Commonly referred to as dropouts, these children and youth represent a societal crisis (Manny, 1987) and a systemic failure of education (Hahn, 1987). Less than 75% of youth in the United States graduate from high school with their peers (Pallas, 1986) and up to 60% of inner city ninth graders do not graduate by age 18 (Hess & Greer, 1986).

Contrary to current images being presented, the overall dropout rate has not increased in the last 20 years (Schulz, Tales & Rice, 1986). One may ask, then, so what's the problem? By tracing the reduction of the dropout rate in 1900 from 80% to 24% in 1940, Manor (1987) characterizes the dropout situation as "objectively better than ever" (p 9). The implication and, in this author's opinion, the fact is that the consequences of dropping out have become more severe. The consequences of underemployment, unemployment (NYC Dropout Prevention Program, 1987), severely reduced earnings (Pallas, 1986), and dependence on social support programs (High School and Beyond, 1988), not even touching upon personal consequences, are the outcomes most commonly cited.

Dropout prevention is neither a new concern, nor an area bereft of special intervention programming. Rather, it is a renewed priority due to the increasingly recognized impact that all dropouts are having on our society. A plethora of dropout prevention and intervention programs have been implemented over the years. Some have met with success while others have had negligible effects. Regardless of this history of effort, it is apparent that dropout prevention or intervention which is focused at the point of dropping out, high school, junior high school or even upper elementary school, is too little, too late for many students (Conrath, 1986; Pallas, 1986; Schulz, et al. 1986; Youth 2000 Draft Report, 1988). To exemplify the need to start early, Beck and Maia (1980) offer the following observation:

> "The poor student who fails either of the first two grades has a 20 percent chance of graduating" (p. 2).

It is also evident that a unidimensional focus, such as on academic remediation or social service does not begin to address

the full scope of the problem of dropout prevention. Following a review of research on dropouts and dropout prevention, Hahn (1987) concluded that ". . . conventional education and remediation are not by themselves effective for the at-risk population" (p. 262). He has joined the ranks of a number of educators who advocate for radical changes in our thinking and programming for youth who are at risk of dropping out. (Rumberger, 1987; Seithland, Lawton & Cousins, 1987; Conrath, 1986). A broader, more cohesive and integrated approach is needed in which the full range of contributors to school dropoutism is attacked.

In recent years interest has been mounting in collaborative schemes for reducing the number of school dropouts. References to teams of educators and youth specialists (NYC Dropout Prevention Program, 1987) case work systems (Hahn, 1987) and fullblown case management programs (Case Management with At-Risk Youth, 1988) have grown in the literature on dropouts. Their potential has been extolled to guarantee longterm service and tracking of at-risk students. With the exception of some initial demonstration programs such as the NYC Dropout Prevention Program (1987) and, the effectiveness and adaptivity of such Interprofessional case management approaches is untested.

Before case management systems are advocated for and adopted on a large scale, effective components must be identified and variations in their application to the full range of school/community conditions must be studied and documented. Moreover, much research and development is needed to transform brief descriptions of components of case management, which now comprise the bulk of the literature, into replicable and exportable administration and implementation materials and training tools. The development of models of case management must illuminate and permit one to distinguish between which features are generic from which must be adapted in order to render them useful in responding to the unique challenge of the local community and school system.

The purpose of this article is to describe a model demonstration and validation program which addresses the needs outlined above. The development of a generic Interprofessional case management model is outlined, followed by a description of adaptations of that model in three of nine highly varied school sites. Formative evaluation results are presented and recommendations are offered for continued exploration of the use of Interprofessional case management in dropout prevention programming.

The C-STARS Interprofessional Case Management Model

The Center for the Study and Teaching of At-Risk Students of the University of Washington has developed a model for adapting Interprofessional case management functions to school-community sites concerned with increasing the participation in, and completion of, school for at-risk students. Basically, the model entails four interfacing components (Figure 1):

1. Steering and Development of Case Management. This function is typically embodied in the work of a steering group composed of school district personnel, youth service agency representatives and other members of the community who are concerned about the education problems of children and youth. They determine the goals, develop the Interprofessional team, recruit a case manager, and "pave the way" for the implementation of case management functions.

2. Generic Case Management Functions. Seven generic functions of Interprofessional case management have been identified from visits to school districts using a case management approach and from review of the literature (Figure 2). There are elements of best practice which should be present, regardless of situational variations in the implementation of case management.

3. Special Implementation Considerations. These are factors which pertain to program quality, equity and comprehensiveness. Considerations such as family involvement, program legality, representativeness of ethnicity, and program evaluation receive special attention in the implementation of the model.

4. University Interdisciplinary Team. Technical assistance, training and other types of support are provided through a team of faculty and graduate students across education, social services, health sciences, psychology and other disciplines.

   C-STARS has developed a resource guide, conducted training workshops and designed an evaluation schema for documenting the impact of the program. The C-STARS Interprofessional Case Management Resource Guide (Stowitschek and Smith, 1989) provides a compendium of information regarding the four components of the model. Its three-stage format consists of (1) step-by-step instructions (See Figure 3), (2) completed forms illustrating their use, and (3) blank forms which can be used as duplication masters.

Seven Functions of Interprofessional Case Management

Understandably, variations in case management services exist within schools participating in this project to accommodate site-specific differences. Nonetheless, across all the schools there remains a consistency in the seven major components of this approach.

1. **Accessing and assessing students.** This component first involves reviewing program goals and objectives to develop criteria for identifying youth to be targeted for services. A system is then set in place to identify students, receive referrals and select those youth to be served. Then, the case management team identifies the causes of the student's difficulties, both those that are individually unique to students and those that are aspects of their family or environmental situations.

2. **Advocacy.** This involves interceding for the student in his or her communications with family or persons/organizations in or outside the school. Advocacy also extends to helping the family negotiate in society.

3. **Developing a service plan.** This plan generally includes a mix of services, short-term and long-range, in-school and out. The service providers are also a profile of each community's unique service potentials.

4. **Brokering services.** This involves linking the student to needed services that cannot be provided by the case management team in the school. Brokering generally involves much more than simply making a referral. Both students and their parents often need to be prepared to accept services through pre-referral counseling and family outreach activities. In times of crisis, the case manager or member of the team will actually accompany the student to the referral agency.

5. **Implementing a service plan.** The role of the interprofessional case management team is two-fold: first, to deliver the services on-site which they have planned to provide themselves; second, to be sure that all services to a student are working together for that student's benefit and that appropriate communication is taking place between service providers.

6. **Mentoring.** A member of the case management team is designated as the primary adult caring for the student within the school. No matter the number of specialists, this is the one person who follows through for the student. The at-risk student has usually not formed this kind of relationship with an adult and the intent is for the case management team to identify one member to become the adult to whom these students can turn.

7. **Evaluation and tracking.** Through this activity the case management team stays abreast of the services being delivered to the client as well as the client's condition and emerging needs so that changes in the service plan can be made as the situation dictates.

(figure 2)

(Figure 1)

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Training workshops have been developed to assist steering groups to plan for Interprofessional case management, prepare newly formed school-site teams to develop the basic functions of case management and to develop specialized competencies, such as in dealing with drug and alcohol abuse. The evaluation schema is designed on the principle that individual student (case) evaluation and program evaluation are synchronous; that is, good case evaluation is the basic unit of good program evaluation. Four evaluation instruments are used:

1. Self-Analysis Checklist: This is a self-rating list used either for conducting an initial needs assessment or for assessing the status of Interprofessional case management. (See Figure 3). Part I is completed by administrators on steering functions and Part II is completed by case managers on case management functions.

2. Monthly Student Progress Update: This is a standardized notation procedure used by the case manager to document a) reasons for referral of a particular student targeted for service (risk factors) and b) the progress a student is making as a result of case management (risk reduction). (See Figure 4.)

3. Individual Service Plan/Checklist: This checklist is used to track the development, implementation and impact of individual service plans on students targeted for services. (See Figure 5.)

4. Targeted Student's Record: This is a screening chart for tracking targeted students' progress regarding selected risk factors. School attendance, grades, school conduct, and site-specific risk factors are summarized by semester, trimester or term (See Figure 6.)

   Other evaluation activities include team member and consumer (student, family) opinionnaires regarding services provided. Sites differ on how they carry out team and consumer evaluation, so no standard instrument is employed across sites.

(Figure 3)

Self Analysis Checklist for Case Management Implementation

Instructions

This checklist is designed to assist school and other service agency administrators to analyze the current status of interprofessional case management implementation for at-risk students, and to systematically review program status as further implementation occurs. The checklist is to be completed by an administrator or team who is knowledgeable of educational programs for at-risk students within the school district or site.

Review the following status categories before completing the checklist:

3 = Yes, Accomplished. The activity has been fully accomplished or is being performed routinely. No further development is needed (other than minor adjustments).

2 = Emergent. Definite steps have been taken toward accomplishing this activity but it has not been fully accomplished or established as routine.

Case Management Functions	Status: No 0	1	2	Yes 3	Clarification
1. Have at-risk identification criteria been established?	—	—	—	—	
2. Has a risk factor screening process been established?	—	—	—	—	
10. Have services been implemented for targeted students?	—	—	—	—	
11. Have mentors been identified and has mentoring begun?	—	—	—	—	
12. Has service implementation been evaluated?	—	—	—	—	

(figure 3)

MONTHLY STUDENT PROGRESS UPDATE

Date: _____

Indicators of progress/accomplishments: _____

Indicators of problems (or lack of progress): _____

Changes in services/interventions: _____

(figure 4)

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INDIVIDUAL SERVICE CHECKLIST

Site : _____

Case Manager: _____

Date : _____

STUDENT	PARENT CONSENT	WRITTEN GOALS/ OBJECTIVES	WRITTEN TIMELINES	WRITTEN SERVICE ACTIVITIES	TEAM APPROVAL	SERVICE ARRANGED	INFORMATION SHARED	SERVICE PLAN REVIEWED/REVISED	SERVICE INITIATED, FOR ONE OR MORE GOALS	SERVICE INITIATED FOR ALL GOALS	ONE OR MORE GOALS ACCOMPLISHED	ALL GOALS ACCOMPLISHED	NUMBER OF ITEMS CHECKED

(Figure 5)

TARGETED STUDENT RECORD

School _____ School year _____ Case Manager _____

Risk Factor	1. Attendance		2. Low Grades		3. Conduct		4. _____		5. _____	
School Semester										
School Term / Student	1	2	1	2	1	2	1	2	1	2

Recordings: 1. Number of days missed for that school term _____ 4. _____

2. Number of F's, U's, or S-'s for that school term _____ 5. _____

3. Number of tardies, suspensions, expulsions on file for that school term

(Figure 6)

School Site Adaptations of Interprofessional Case Management

The nine school sites vary considerably in programs offered and students served. One school district is located in a small coastal town with high unemployment resulting from a slowdown in the timber industry. The case manager spends a lot of time visiting and counseling with families in the surrounding hills. Another school district has several elementary, middle and high school sites. The case manager has concentrated her efforts on family support as the main intervention strategy. Summaries of three of the school-community sites drawn from project information releases are reproduced below for illustrative purposes.

SCHOOL-COMMUNITY SITE TEAMS

SITE: OCEAN BEACH

PROGRAM DIRECTOR:

CASE MANAGER: Jim Guynup

INTERPROFESSIONAL TEAM: Children's Services, Department of Social and Health Services
Director of Counseling, Country Mental Health Services
Teacher, Hilltop Elementary
Senior Services Manager, Non-profit thrift store
Member, Fish Board
Principal, Hilltop Elementary

GENERAL DESCRIPTION: Ocean Beach is a school district of 1019 students located in Pacific County, Washington. There is a secondary complex for grades 7-12, and elementary school for grades 4-6 and two elementary schools for grades K-3. Fishing and wood products are the main industries. The official dropout rate for 1987-88 was over 13%. The area continues to be economically depressed, with high incidences of families with alcohol and drug problems.

INTERPROFESSIONAL CASE MANAGEMENT SERVICES: Services related to dropout prevention are concentrated on students in grades 4-6. The program's goals are to improve academic performance, maintain students in school and get parents into the GED program. Service program elements include:

- Bi-weekly meetings of case management team
- Anger management class for 4th to 6th grades
- Tutoring
- Self-esteem program
- Counseling and reward system
- Intensive work with families

UNIQUE FEATURES/ACCOMPLISHMENTS:

Partial financial support for the program has been obtained from local industries.

(Figure 2, cont.)

SCHOOL-COMMUNITY SITE TEAMS

SITE: TOPPENISH SCHOOL DISTRICT

PROGRAM DIRECTOR: Dan Phalen

CASE MANAGER: Oracio Valdez

INTERPROFESSIONAL TEAM: Teacher, Toppenish High School
Teacher, Toppenish High School
Teacher, Toppenish High School
Teacher, Alternative School
Representative, Y.V.F.W.C.
Nurse, Toppenish
Home Visitor, Toppenish

GENERAL DESCRIPTION: Toppenish School District is located on the Yakima Indian Reservation. It is a school district of 2512 students, with 70-80% of the students being ethnic minorities. Approximately 56% of the students are Hispanic and 15-20% are American Indian.

In the agriculturally oriented Toppenish area, many students come from migrant backgrounds that place them at risk. The area is low in per capita income, median family income, and education.

Toppenish has five schools: Toppenish High School, Toppenish Middle School, Kirkwood-Mount Adams Intermediate School, and two elementary schools, Garfield and Lincoln. For the past five years the grade 9-12 dropout rate has been approximately 14%.

INTERPROFESSIONAL CASE MANAGEMENT SERVICES: The goal of this service is to reduce the dropout rate, help students reach academic self-sufficiency, and remove stumbling blocks to their success. To reach these goals, students (with an emphasis on grades 9-12) receive the following services:

- Counseling
- Academic counseling/program placement
- Tutorial assistance
- Employment placement

In addition, parental involvement was solicited and positively influenced the students. The case manager's role was often seen as that of a mentor, to inspire, motivate, support and encourage.

UNIQUE FEATURES/ACCOMPLISHMENTS:

- Emphasis on family involvement
- Contracts with students and parents
- Interagency collaboration

(Figure 2)

SCHOOL-COMMUNITY SITE TEAMS

SITE: LONGVIEW

PROGRAM DIRECTOR: Robert Meisener

CASE MANAGER: Alice Beck

INTERPROFESSIONAL TEAM: Coordinator, Longview's At-Risk Program
Supervisor, Child Protective Service
Director, Family Health Center
Counselor, Community Alcohol and Drug Program
Director, County Juvenile Justice
Probation Officer

GENERAL DESCRIPTION: Longview School District is located in a port city of Cowlitz County, Washington and serves approximately 6900 students. It has three high schools, two middle schools and four elementary schools. Timber products provide the primary industrial base for the area. The school dropout rate has exceeded 10% over the last few years. Family instability, periodic unemployment and substance abuse characterize the conditions of many of the students who are considered to be at high risk of dropping out of school.

INTERPROFESSIONAL CASE MANAGEMENT SERVICES: The District has a well-developed interprofessional service program aimed at preventing at-risk youth from dropping out of school. Its focus is now directed at extending these services into the early grades. Services provided include:

- Counseling (often a mentor role)
- Monitoring attendance and school progress
- Drug and alcohol assessments--contacts
- Health and nutritional services
- Job counseling

UNIQUE FEATURES/ACCOMPLISHMENTS: A highly systematized case management process and an emphasis on family services are the most unique aspects of the program.

- A set of forms and procedures for referral, consent, team planning and individualized service planning are user-friendly
- Service planning and implementation are centered on the family, rather than only the student, as the unit of service
- Collaboration among agencies has improved
- The district has initiated a clothing-connection (district-wide clothing drive)

Field Results and Implications

The C-STARS model has undergone formative evaluation and is now being summatively evaluated. During the first year of the project, the nine participating school-community sites reported having implemented at least 85% of the generic elements of Interprofessional case management for at-risk students. They completed individual service plans for 87 students, attaining at least one service goal for 68% of those students and all service goals for 35% of the students. In considering the data, one must keep in mind that, in most of the sites, case managers began implementing programs in March 1989, leaving at the most three months for implementation before the end of the school year (see Table I). For three targeted risk measures of students, moderate changes were reported. The percentage of students whose absences exceeded the risk line (10 or more days absent in one semester) decreased from 73 to 40. The percentage of students earning one or more unacceptable grades decreased from 82% to 54%. Finally, the percentage of students for whom one or more days of poor conduct was recorded decreased from 95% to 71%.

In telephone interviews, case managers expressed the opinion that they were the most critical variables in achieving the results reported. Case managers indicated they directly provided nearly 50% of services. The predominant forms of service were counselling with students and families, and mentoring in several different forms. Among the outcomes reported as occurring, graduation of students, greater participation in school and higher levels of family involvement were most significant.

The school-based Interprofessional case management model could evolve in several promising directions. Although one perception of the case manager may be as a specialist with at-risk students, the process could serve to de-compartmentalize current services for these students, an anchor so that the at-risk student may stay a part of the group of classmates, yet get assistance where it is needed. Much-needed continuity may be provided by the case manager or an appointed team member to help pull together or keep together the parts of an at-risk student's school and non-school lives.

One problem with the case manager as a specialist is that he or she is a peripheral staff member which smaller school districts can ill afford. Does case management have to be carried out by a peripheral specialist? The multidisciplinary teams in special education manage individual cases through teachers and other existing school-community staff. It may be that, with a "dedicated" hour or two per week, case management of at-risk students may be distributed across the entire professional staff. The important variables are training and administrative support to preserve the integrity (inviolability?) of the dedicated hour. These are questions and issues for further research and development so that an effective technology of at-risk student case management may arise.

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